Lithographers and Photoengraves 285 Welfare Fund

Guaranteed Cost Funding
Non-Participating
March 01, 2019 - February 28, 2020

Tier	Expected Lives	Current Rates	Renewal Rates*
Dental PPO - DPPO			
Employee Only	23	$45.35	$47.62
Employee + Family	33	$45.35	$47.62
Annual Cost	56	$30,475	$32,001
Percent Change (Renewal vs Current)			**5.01%**

**The above quoted rates include 0.23% Health Insurance Assessment fees (PPACA).*
**The above quoted rates do not include any commissions.*

Total	**56**	**$30,475**	**$32,001**
Percent Change (Renewal vs Current)			**5.01%**

Tier	Expected Lives	Current Rates	Quoted Rates
Dental HMO [P7X00]			
Employee Only	50	$29.92	$31.27
Employee + Family	62	$29.92	$31.27
Annual Cost	112	$40,212	$42,027
Percent Change (Renewal vs Current)			**4.51%**

**The above quoted rates include 0.23% Health Insurance Assessment fees (PPACA).*
**The above quoted rates include 4.85% commissions.*

PROPOSED RENEWAL TERMS AND CONDITIONS

A. General Terms of this Renewal Proposal

Cigna HealthCare is pleased to present this proposal for renewal for an insured/Administrative Services Only group dental, benefit plan (the "Plan") sponsored by Lithographers and Photoengraves 285 Welfare Fund. This proposal is valid for 60 days from its original date of release, 10/30/2018. Any revisions or updates made to this proposal will not renew this valid timeframe unless expressly communicated by Cigna HealthCare.

The information contained in this Proposal by Cigna HealthCare is proprietary and highly confidential. It is being provided with the understanding that it will not be used by the employer, its representatives or consultants for any purpose other than the evaluation of the Proposal. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts, and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than the employer, its representatives and consultants, and their respective employees who are directly involved in the evaluation process.

Renewal Caveats

Cigna HealthCare may revise or withdraw this renewal proposal if:

- there is a change to the effective date of the quote
- plan modifications are requested
- there is a change in law, regulation, tax rates, or the application of any of these that affect Cigna HealthCare's costs
- less than 200 employees or less than 65% of total eligible employees enroll in the Plan
- enrollment varies by more than 15% percent from at least one of the following enrollment levels: 168 total with 56 in the DPPO plan and 112 in the DHMO plan
- the employer contribution levels are different than shown in the RFP or other than what the quote assumes
- commissions are requested to be different than: 0%
- it is requested to interface with a third party vendor
- it is requested to provide optional services beyond those listed here as being included in the quote: None
- administration of the Plan will require more than the following:
    - Billing lines: 6
    - Billing and Claim Branch Benefit Options: 3
- Cigna HealthCare is not the exclusive provider of Dental benefits.

B. Scope and Application of this Proposal

Unless otherwise indicated, this Proposal:

- supersedes and renders null and void any prior Cigna HealthCare offer or proposal with respect to the Plan.
- all Insured Premium and/or Rates include the cost of the Health Insurance Assessment (PPACA), beginning on January 1, 2014. Cigna HealthCare reserves the right to modify quoted rates, as necessary, should there be any changes in future regulation or costs.
- includes the additional Cigna DPPO healthcare professionals for which Cigna HealthCare retains a portion of the savings generated.
- assumes that Cigna HealthCare's standard insurance policy form approved for use in the applicable state by the state insurance regulator will be issued. Because the insurance policy and certificate terms require regulatory approval, there is very little flexibility to change the provisions. The provisions of the insurance policy and certificate will supersede the Proposal in the event of a conflict.
- assumes when/if a Cigna HealthCare non-voluntary vision benefit is added to the medical plan, it is added as a rider and always non-excepted, regardless of funding.

Cigna HealthCare may have an agreement with your benefit advisor, under which the benefit advisor may be paid for providing marketplace intelligence or for the performance of administrative services. The qualification for and amount of this payment may be based upon overall business growth and/or retention levels. Any such payment is funded through Cigna HealthCare's general overhead.

The benefit advisor may qualify for incentive payment (monetary or non-monetary) from Cigna HealthCare. For example, the benefit advisor may receive payment based upon new sales, new customer growth or retention. This incentive payment is funded from Cigna HealthCare's general overhead.

Cigna HealthCare sponsors programs to inform benefit advisors about Cigna HealthCare's plan coverage and services (including producer advisory councils). The cost of these events is funded through Cigna HealthCare's general overhead.

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